



Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

AUTHORIZATION FOR DEDUCTION OF HEALTH INSURANCE PREMIUMS

Monthly health insurance premiums must be paid in advance. No grace periods or exceptions are allowed. Premium deductions may be started at any time. You are responsible to pay premiums from the time you retire until the premiums are deducted from your retirement benefit. Contact your clerk to verify which months you must self-pay your premiums.

Authorization forms and deduction changes must be initiated through your former employer.

TO BE COMPLETED BY THE RETIREE OR RECIPIENT (Please Print)

Retiree or Recipient Name _____

Social Security Number* _____

Date of Birth _____

Date of Retirement _____

Mailing Address _____

City State Zip Code _____

I have elected to continue health insurance through my former employer. I authorize the MPERA to deduct from my retirement benefit the premiums necessary for this coverage, including any future increases or decreases in the premium amount. This authorization remains in effect until I cancel or change insurance coverage.

Signature of Retiree or Recipient _____

Date _____

* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109

TO BE COMPLETED BY THE EMPLOYER (Please Print)

Employer Name & Number _____

Employer Representative _____

Group Insurance Name _____

Policy Number _____

Monthly Premium Amount \$ _____

Insurance checks made payable to: ☐ Agency ☐ Insurance Company (Check one)

Payee (Employer) Tax Identification Number _____

Premiums have been paid to employing agency for coverage through the month of _____.

Signature of Employer Representative _____

E-mail address _____

Date _____

Phone Number _____

MPERA USE ONLY:

Retirement Number _____

Agency Number _____

Carrier Code _____

Plan Code _____

Date Processed _____